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### Remittance Advice (RA) Message

**Title:** New Extended-Release Opioid Prior Authorization Requirement – Total Daily Morphine Equivalent Dose (MED)

**Issue Date:** 04/29/2015

**Run Length:** 12 weeks

**Provider Type(s):** 020, 030, 033, 034, 070

**Message:** Effective May 15, 2015, Alaska Medicaid will require the prescriber to provide a patient's total daily Morphine Equivalent Dose (MED) on all extended-release opioid prior authorization requests. An online MED calculator may be found at <http://agencymeddirectors.wa.gov/mobile.html>. The patient's total daily MED shall be calculated from the patient's full medication list which includes all opioid prescriptions from the requesting prescriber and any other prescribers from whom the patient may be obtaining opioids regardless of payment source. A new fax form is available to help facilitate this new requirement. More information on this change can be found in the "Extended-Release/Long-Acting Opioid Analgesics Prior Authorization Criteria" at <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#analgesics>.